JAN 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38694

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St.Joseph, (No. 1523 Faraon St. St. Ward)

File No.

Registered No. 1367

2. FULL NAME Anna M.Bird

(a) Residence, No. 1523 Faraon St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk, 1850

7. AGE — YEARS: 85 — MONTHS: Unk. — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co. Mo.

FATHER

13. NAME: Thos.Brooks Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

MOTHER

15. MAIDEN NAME: Margaret Fulkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va.

17. INFORMANT (ADDRESS): Thos.P.Gordon R?F.D.? St.Jos,Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt.Mora Cemetery DATE Dec.27,1935

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 12-27, 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec,26,1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1935, to Dec. 26, 1935

I last saw her alive on Dec. 25, 1935. Death is said to have occurred on the date stated above, at 9.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza pulmonary	12-19-35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. E. Senor, M. D.

(Address) Rock Island Bldg, St.Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
2
2